

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 19642358		FILING DATE 08-31-00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	✓						51		✓		
2		✓					52		✓		
3		✓					53	✓			
4		✓					54		✓		
5	✓						55		✓		
6	✓						56		✓		
7		✓					57		✓		
8	✓						58	✓			
9		✓					59	✓			
10	✓						60	✓			
11		✓					61				
12		✓					62				
13	✓						63				
14	✓						64				
15		✓					65				
16		✓					66				
17		✓					67				
18		✓					68				
19	✓						69				
20	✓						70				
21	✓						71				
22		✓					72				
23		✓					73				
24		✓					74				
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26		✓					76				
27	✓						77				
28	✓						78				
29		✓					79				
30		✓					80				
31	✓						81				
32	✓						82				
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44		✓					94				
45		✓					95				
46		✓					96				
47		✓					97				
48		✓					98				
49	✓						99				
50		✓					100				
TOTAL IND.	19						TOTAL IND.				
TOTAL DEP.	41						TOTAL DEP.				
TOTAL CLAIMS	60						TOTAL CLAIMS				